

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

11 2 4 1935

20234

49

1. PLACE OF DEATH

County Lafayette
Township Lexington
City..... (No..... St..... Ward)

Registration District No. 461
Primary Registration District No. 3024-5625

File No.
Registered No.

2. FULL NAME

Rowland Burdine Noel

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 11 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Waverly (STATE OR COUNTRY) Mo.

13. NAME James G. Noel 14. BIRTHPLACE (CITY OR TOWN) Madison Co. (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Mary E. Burdine 16. BIRTHPLACE (CITY OR TOWN) Madison Co. (STATE OR COUNTRY) Virginia

17. INFORMANT Julia Florence Noel (ADDRESS) Lexington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lexington Mo. DATE June 20 1935

19. UNDERTAKER Winkler (ADDRESS) Lexington, Mo.

20. FILED June 19, 1935 Page 13 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/12 to 6/18

I last saw him alive on 6/17, 1935. Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocardial Infarction Date of onset

Secondary Mitral Regurgitation

Other contributory causes of importance:
Chronic Myocardial Infarction

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) [Signature], M. D.

(Address) Lexington Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1921

